Appendix A- Job Shadowing Objectives

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| --- | --- | --- | --- | --- |
| **Name** |  | **Department** | |  |
| **Shadowing Opportunity Desired** | |  | | |
|  | | | | |
| Reason for wanting to complete this shadowing opportunity. | | | | |
|  | | | | |
|  | | | | |
|  | | | **Date / Signature** | |
| Approval signature of employee’s manager | | |  | |
| Approval signature of Shadow Host | | |  | |
| Discussion and agreement of Learning Objectives | | |  | |
| Dates agreed for shadowing time: | | | | |
|  | | | | |
| Learning Objectives to be achieved during shadowing | | | Agreed by shadow host  Signature of above required | |
| 1 | | |  | |
| 2 | | |  | |
| 3 | | |  | |
| 4 | | |  | |

|  |
| --- |
| Learning Objectives |
| 1: |
| Comments on objective |
|  |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |
|  |
| 2: |
| Comments on objective |
|  |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |

|  |
| --- |
| Learning Objectives |
| 3: |
| Comments on objective |
|  |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |
|  |
| 4: |
| Comments on objective |
|  |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |

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| --- |
| Please reflect on your Job Shadowing Opportunity below. |

To be kept on staff file